

ARKANSAS EMPLOYMENT SECURITY DEPARTMENT
P.O. 8007 - LITTLE ROCK AR 72203-8007
(501) 682-3100

ESD-ARK-209B ADJUSTMENT VOUCHER

ESD Account Number _____

Employer _____

Town _____

Amend totals in Part A of my original ESD-ARK-209B for quarter ending _____ as follows:

	REPORTED ON THE ORIGINAL REPORT	SHOULD HAVE BEEN REPORTED
Item 2 - Total of all Wages Paid		
Item 3 - Wages in Excess of \$		
Item 4 - Taxable Wages		
Contribution Due @ _____ % rate		
Contribution Paid		

Balance due check attached \$ _____ . _____

Credit amount \$ _____ . _____

Check here if refund desired. ☐

Reason for adjustment: _____

Amend individual wages reported on ESD-ARK-209B for year and quarter specified below as follows:

SOC. SEC. NO. OF EMPLOYEE	NAME OF EMPLOYEE	YEAR/ QTR.	TOTAL WAGES PAID	
			REPORTED ON THE ORIGINAL REPORT	SHOULD HAVE BEEN REPORTED

(For continuation sheet, see reverse side)

Signature _____ Title _____ Phone Number _____

ESD-ARK-209B ADJUSTMENT VOUCHER - CONTINUATION SHEET

Town _____

[illegible]